

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A2W

☐ Check if different than previously reported. (ACC)

Northbrook

IL

60062

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00040253

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mario Rizzo

Signature of Treasurer

Mario Rizzo

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 15 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 01 2013 To: M M / D D / Y Y Y Y Y Y  
02 28 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		50461.20
(b) Cash on Hand at Beginning of Reporting Period.....	52891.74	
(c) Total Receipts (from Line 19) .....	22451.86	45129.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75343.60	95590.40
7. Total Disbursements (from Line 31) .....	29586.63	49833.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45756.97	45756.97
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6321.14

7815.84

(ii) Unitemized .....

16130.72

37313.36

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

22451.86

45129.20

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

22451.86

45129.20

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

22451.86

45129.20

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

22451.86

45129.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	86.63	273.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	86.63	273.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	36500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	13060.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29586.63	49833.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29586.63	49833.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22451.86	45129.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22451.86	45129.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	86.63	273.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	86.63	273.43

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN P BADER**

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATO-Delivery & Risk M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.45

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268081**

Amount of Each Receipt this Period

81.15

Full Name (Last, First, Middle Initial)

**B. JOHN P BADER**

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATO-Delivery & Risk M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268424**

Amount of Each Receipt this Period

81.15

Full Name (Last, First, Middle Initial)

**c. Donald J Bailey**

Mailing Address 27 Kitchell Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PRES-EB-Emerging Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.55

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268401**

Amount of Each Receipt this Period

118.85

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

281.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Donald J Bailey**

Mailing Address 27 Kitchell Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

PRES-EB-Emerging Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.40

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268742**

Amount of Each Receipt this Period

118.85

Full Name (Last, First, Middle Initial)

**B. ROBERT H BARGE III III**

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.83

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268372**

Amount of Each Receipt this Period

77.61

Full Name (Last, First, Middle Initial)

**C. ROBERT H BARGE III III**

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.44

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268714**

Amount of Each Receipt this Period

77.61

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

274.07



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT L BLOCK**

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Investor Relation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.52

Date of Receipt

02 / 22 / 2013

**Transaction ID : A2013-268658**

Amount of Each Receipt this Period

66.13

Full Name (Last, First, Middle Initial)

**B. CATHERINE S BRUNE**

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-SAL-Regional Presiden

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.38

Date of Receipt

02 / 08 / 2013

**Transaction ID : A2013-268145**

Amount of Each Receipt this Period

188.46

Full Name (Last, First, Middle Initial)

**C. CATHERINE S BRUNE**

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-SAL-Regional Presiden

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.84

Date of Receipt

02 / 22 / 2013

**Transaction ID : A2013-268487**

Amount of Each Receipt this Period

188.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

443.05

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. ALICE M BYRNE**

Mailing Address 4121 109TH STREET

City State Zip Code  
 PLEASANT PRAIRI WI 53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.67

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 08 / 2013

**Transaction ID : A2013-268313**

Amount of Each Receipt this Period

85.89

Full Name (Last, First, Middle Initial)

**B. ALICE M BYRNE**

Mailing Address 4121 109TH STREET

City State Zip Code  
 PLEASANT PRAIRI WI 53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.56

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : A2013-268655**

Amount of Each Receipt this Period

85.89

Full Name (Last, First, Middle Initial)

**C. PETER T CORRIGAN**

Mailing Address 28852 FOREST LAKE LANE

City State Zip Code  
 GREEN OAKS IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ATO-Bus Prtn-Sales &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.28

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : A2013-268421**

Amount of Each Receipt this Period

62.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

233.85

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD C CRIST Jr.**

Mailing Address 252 Center Point Lane

City State Zip Code  
 Lansdale PA 19446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 08 / 2013

**Transaction ID : A2013-268119**

Amount of Each Receipt this Period

73.04

Full Name (Last, First, Middle Initial)

**B. RICHARD C CRIST Jr.**

Mailing Address 252 Center Point Lane

City State Zip Code  
 Lansdale PA 19446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.16

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : A2013-268462**

Amount of Each Receipt this Period

73.04

Full Name (Last, First, Middle Initial)

**C. JEFFREY F DEIGL**

Mailing Address 453 PRAIRIE

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-PRD-Product Vice Presi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : A2013-268627**

Amount of Each Receipt this Period

55.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

201.49

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

## **A. Victoria A Dinges**

Mailing Address 421 Chapel Hill Lane

City  
Northfield

State Zip Code  
IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-CR-Public Social Respo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.76

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268733**

Amount of Each Receipt this Period

57.44

Full Name (Last, First, Middle Initial)

## **B. SARAH R DONAHUE**

Mailing Address 4147 RFD

City  
LONG GROVE

State Zip Code  
IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Annuity Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.04

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268606**

Amount of Each Receipt this Period

60.26

Full Name (Last, First, Middle Initial)

## **C. Thomas V Ealy**

Mailing Address 1541 West Wolfram Street

City  
Chicago

State Zip Code  
IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ENC-President Encompa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.31

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268407**

Amount of Each Receipt this Period

80.77

**SUBTOTAL** of Receipts This Page (optional)..... ►

198.47

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas V Ealy**

Mailing Address 1541 West Wolfram Street

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-ENC-President Encompa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.08

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268748**

Amount of Each Receipt this Period

80.77

Full Name (Last, First, Middle Initial)

**B. MICHAEL L ESCOBAR**

Mailing Address 660 BALMORAL LANE

City State Zip Code  
INVERNESS IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-Diversity & Org. Ef

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.64

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268426**

Amount of Each Receipt this Period

56.41

Full Name (Last, First, Middle Initial)

**C. ANGELA K FONTANA**

Mailing Address 1280 WILD ROSE LANE

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-LGL-Allstate Financial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.68

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268684**

Amount of Each Receipt this Period

51.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

189.10

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Green**

Mailing Address 1711 Wildwood Ct

City  
Glenview

State  
IL

Zip Code  
60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-EB-President Ivantage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.96

Date of Receipt

02 / 22 / 2013

**Transaction ID : A2013-268739**

Amount of Each Receipt this Period

56.24

Full Name (Last, First, Middle Initial)

**B. JUDITH P GREFFIN**

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-INV-Chief Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.14

Date of Receipt

02 / 08 / 2013

**Transaction ID : A2013-268165**

Amount of Each Receipt this Period

70.38

Full Name (Last, First, Middle Initial)

**C. JUDITH P GREFFIN**

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-INV-Chief Investment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.52

Date of Receipt

02 / 22 / 2013

**Transaction ID : A2013-268507**

Amount of Each Receipt this Period

70.38

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

197.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. David S Harper**

Mailing Address 41 Lancaster Lane

City State Zip Code  
 Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Allstate Insurance Company

Occupation  
 SVP-FSS-Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.84

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268741**

Amount of Each Receipt this Period

63.96

Full Name (Last, First, Middle Initial)

**B. WILLIAM G HILL**

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Allstate Insurance Company

Occupation  
 EVP-PRD-Regional Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.31

Date of Receipt

MM / DD / YYYY  
 02 / 08 / 2013

**Transaction ID : A2013-268137**

Amount of Each Receipt this Period

130.77

Full Name (Last, First, Middle Initial)

**C. WILLIAM G HILL**

Mailing Address 2935 GLENARYE DRIVE

City State Zip Code  
 LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Allstate Insurance Company

Occupation  
 EVP-PRD-Regional Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.08

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268479**

Amount of Each Receipt this Period

130.77

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. STEPHEN L IHM**

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-LGL-Corporate Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.84

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268574**

Amount of Each Receipt this Period

53.96

Full Name (Last, First, Middle Initial)

**B. Marcia Kaminsky**

Mailing Address 2634 North Wayne

City State Zip Code  
 Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CR-Corporate Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.76

Date of Receipt

MM / DD / YYYY  
 02 / 08 / 2013

**Transaction ID : A2013-268408**

Amount of Each Receipt this Period

69.92

Full Name (Last, First, Middle Initial)

**C. Marcia Kaminsky**

Mailing Address 2634 North Wayne

City State Zip Code  
 Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-CR-Corporate Communic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.68

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268749**

Amount of Each Receipt this Period

69.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

193.80



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Wilford J Kavanaugh**

Mailing Address 7 Open Parkway North

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AF-Pres. Allstate Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.40

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268752**

Amount of Each Receipt this Period

55.85

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER R KIAH**

Mailing Address 221 BRAMPTON LN

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-PRT-Protection Progra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268416**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. PHILLIP E LAWSON**

Mailing Address 1050 Lake Carolyn Parkway

City State Zip Code  
Irving TX 75039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.98

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2013

**Transaction ID : A2013-268355**

Amount of Each Receipt this Period

85.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

196.51

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 18 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A. PHILLIP E LAWSON**

Mailing Address 1050 Lake Carolyn Parkway

City State Zip Code  
 Irving TX 75039

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 22 2013

Transaction ID : A2013-268697

Amount of Each Receipt this Period

85.66

Full Name (Last, First, Middle Initial)

**B. Peter G Logothetis**

Mailing Address 2326 Indian Ridge Drive

City State Zip Code  
 Glenview IL 60026

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-ATO-Bus Prtn-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 22 2013

Transaction ID : A2013-268753

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Katherine A Mabe**

Mailing Address 1801 Tower Drive

City State Zip Code  
 Glenview IL 60026

FEC ID number of contributing federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-SAL-Regional Presiden

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.45

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 08 2013

Transaction ID : A2013-268409

Amount of Each Receipt this Period

106.15

SUBTOTAL of Receipts This Page (optional)..... ►

251.81

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 19 OF 36  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine A Mabe**

Mailing Address 1801 Tower Drive

City  
Glenview

State Zip Code  
IL 60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
EVP-SAL-Regional Presiden

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268750**

Amount of Each Receipt this Period

106.15

Full Name (Last, First, Middle Initial)

**B. MARY J MC GINN**

Mailing Address 155 BUCKLEY ROAD

City  
BARRINGTON HILL

State Zip Code  
IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-LGL-AllCorp Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.76

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268253**

Amount of Each Receipt this Period

84.92

Full Name (Last, First, Middle Initial)

**C. MARY J MC GINN**

Mailing Address 155 BUCKLEY ROAD

City  
BARRINGTON HILL

State Zip Code  
IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-LGL-AllCorp Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.68

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268595**

Amount of Each Receipt this Period

84.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 20 OF 36  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Jesse E Merten**

Mailing Address 3311 Brook Rd.

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AF-Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.84

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268754**

Amount of Each Receipt this Period

63.46

Full Name (Last, First, Middle Initial)

**B. DAVID G NADIG**

Mailing Address 2950 LAKE PLACID

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-LGL-Protection Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.80

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268629**

Amount of Each Receipt this Period

63.20

Full Name (Last, First, Middle Initial)

**C. PATRICK K NOLL**

Mailing Address 22451 THORNBURY CT

City State Zip Code  
DEER PARK IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-LGL-Enterprise Busine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.56

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268683**

Amount of Each Receipt this Period

59.64

**SUBTOTAL** of Receipts This Page (optional)..... ►

186.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN C PINTOZZI**

Mailing Address 2114 W Cortland ST

City  
CHICAGO

State Zip Code  
IL 60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-INV-Chief Financial O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.10

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268180**

Amount of Each Receipt this Period

67.70

Full Name (Last, First, Middle Initial)

**B. JOHN C PINTOZZI**

Mailing Address 2114 W Cortland ST

City  
CHICAGO

State Zip Code  
IL 60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-INV-Chief Financial O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.80

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268522**

Amount of Each Receipt this Period

67.70

Full Name (Last, First, Middle Initial)

**C. DAVID J PRENDERGAST**

Mailing Address 8262 Arrowleaf Turn

City  
Gainesville

State Zip Code  
VA 20155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.56

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268432**

Amount of Each Receipt this Period

57.69

**SUBTOTAL** of Receipts This Page (optional)..... ►

193.09

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

## **A. MARIO RIZZO**

Mailing Address 5926 W. 90TH PLACE

City State Zip Code  
OAK LAWN IL 60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.88

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268564**

Amount of Each Receipt this Period

56.47

Full Name (Last, First, Middle Initial)

## **B. James B Rosseau**

Mailing Address 10 N. Sycamore Avenue

City State Zip Code  
Aldan PA 19018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-EB-Affinity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268751**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. Donald D Sands**

Mailing Address 321 North Brainard Avenue

City State Zip Code  
Lagrange Park IL 60526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Senior Strategy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268744**

Amount of Each Receipt this Period

53.08

**SUBTOTAL** of Receipts This Page (optional)..... ►

169.55

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 23 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. STEPHEN E SCHOLL**

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
 HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-HR-HR Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.04

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268458**

Amount of Each Receipt this Period

57.76

Full Name (Last, First, Middle Initial)

**B. PAUL SCHUTT**

Mailing Address 6323 N. NORMANDY

City State Zip Code  
 CHICAGO IL 60631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-INV-Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.80

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268563**

Amount of Each Receipt this Period

54.20

Full Name (Last, First, Middle Initial)

**C. DAVID J SCHWARTZER**

Mailing Address 128 Waverly Circle

City State Zip Code  
 Phoenixville PA 19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-SAL-Field Senior Vice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.68

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268659**

Amount of Each Receipt this Period

52.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

164.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

## **A. STEVEN E SHEBIK**

Mailing Address 517 ROBINWOOD LANE

City  
WHEATON

State Zip Code  
IL 60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SMT-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.38

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268228**

Amount of Each Receipt this Period

138.46

Full Name (Last, First, Middle Initial)

## **B. STEVEN E SHEBIK**

Mailing Address 517 ROBINWOOD LANE

City  
WHEATON

State Zip Code  
IL 60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SMT-FSS-Chief Financial O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.84

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268570**

Amount of Each Receipt this Period

138.46

Full Name (Last, First, Middle Initial)

## **C. STEVEN P SORENSON**

Mailing Address 20712 High Ridge Dr

City  
KILDEER

State Zip Code  
IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
EVP-PRD-Product Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.88

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268311**

Amount of Each Receipt this Period

88.96

**SUBTOTAL** of Receipts This Page (optional)..... ►

365.88

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. STEVEN P SORENSON**

Mailing Address 20712 High Ridge Dr

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PRD-Product Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.84

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 22 2013

**Transaction ID : A2013-268653**

Amount of Each Receipt this Period

88.96

Full Name (Last, First, Middle Initial)

**B. MARY SPRINGBERG**

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
 GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-AF-Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 22 2013

**Transaction ID : A2013-268509**

Amount of Each Receipt this Period

58.15

Full Name (Last, First, Middle Initial)

**C. KATHLEEN A SWAIN**

Mailing Address 242 HIGHVIEW

City State Zip Code  
 ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-FSS-Internal Auditing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 22 2013

**Transaction ID : A2013-268525**

Amount of Each Receipt this Period

61.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

208.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. MELINDA S TUNNER**

Mailing Address 5430 TALL OAKS DRIVE

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

VP-SAL-Sales Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.72

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268672**

Amount of Each Receipt this Period

53.18

Full Name (Last, First, Middle Initial)

**B. WILLIAM A VAINISI**

Mailing Address 636 BALMORAL LANE

City State Zip Code  
INVERNESS IL 60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-LGL-Government & Indu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.64

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

**Transaction ID : A2013-268567**

Amount of Each Receipt this Period

62.41

Full Name (Last, First, Middle Initial)

**C. PATRICIA C VANLAMMEREN**

Mailing Address 2800 Birchwood Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MRK-Customer Exp & Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.96

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : A2013-268356**

Amount of Each Receipt this Period

68.32

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

183.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. PATRICIA C VANLAMMEREN**

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MRK-Customer Exp & Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.28

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268698**

Amount of Each Receipt this Period

68.32

Full Name (Last, First, Middle Initial)

**B. STEVEN C VERNEY**

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Risk Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2013

**Transaction ID : A2013-268101**

Amount of Each Receipt this Period

137.00

Full Name (Last, First, Middle Initial)

**C. STEVEN C VERNEY**

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-FSS-Chief Risk Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : A2013-268444**

Amount of Each Receipt this Period

137.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

342.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 28 OF 36

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A. Robert Wasserman**

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

60188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MRK-eBusiness &amp; Direc

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.20

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

Transaction ID : A2013-268399

Amount of Each Receipt this Period

68.40

Full Name (Last, First, Middle Initial)

**B. Robert Wasserman**

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

60188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-MRK-eBusiness &amp; Direc

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2013

Transaction ID : A2013-268740

Amount of Each Receipt this Period

68.40

Full Name (Last, First, Middle Initial)

**C. THOMAS J WILSON**

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

761.55

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

Transaction ID : A2013-268306

Amount of Each Receipt this Period

253.85

SUBTOTAL of Receipts This Page (optional)..... ►

390.65

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 36  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A. THOMAS J WILSON**

Mailing Address 2024 N. MOHAWK

City  
CHICAGOState  
ILZip Code  
60614FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2013

Transaction ID : A2013-268648

Amount of Each Receipt this Period

253.85

Full Name (Last, First, Middle Initial)

**B. Matthew E Winter**

Mailing Address 70 Ferncliff Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PC-Pres Auto Home &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 08 / 2013

Transaction ID : A2013-268405

Amount of Each Receipt this Period

167.31

Full Name (Last, First, Middle Initial)

**C. Matthew E Winter**

Mailing Address 70 Ferncliff Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

EVP-PC-Pres Auto Home &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2013

Transaction ID : A2013-268746

Amount of Each Receipt this Period

167.31

SUBTOTAL of Receipts This Page (optional)..... ►

588.47

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. FLOYD M YAGER**

Mailing Address 1610 BIRCH LANE

City State Zip Code  
 PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-AP-Chief Data Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.16

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268585**

Amount of Each Receipt this Period

59.79

Full Name (Last, First, Middle Initial)

**B. LORI J YELVINGTON**

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code  
 ARLINGTON HGTS. IL 60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

SVP-PF-Regional Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY  
 02 / 22 / 2013

**Transaction ID : A2013-268591**

Amount of Each Receipt this Period

59.50

Full Name (Last, First, Middle Initial)

**C. GERALD L ZIMMERMAN JR**

Mailing Address 2584 Sutton Lane

City State Zip Code  
 AURORA IL 60502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allstate Insurance Company

Occupation

Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.38

Date of Receipt

MM / DD / YYYY  
 02 / 08 / 2013

**Transaction ID : A2013-268315**

Amount of Each Receipt this Period

73.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

192.75

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. GERALD L ZIMMERMAN JR**

Mailing Address 2584 Sutton Lane

City  
AURORA

State Zip Code  
IL 60502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 22 2013

**Transaction ID : A2013-268657**

Amount of Each Receipt this Period

73.46

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

73.46

6321.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Terri Sewell for Congress**

Mailing Address 499 S. Capitol St. SW Ste. 404

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Terri Sewell**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447416**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ed Royce for Congress**

Mailing Address 217 Third Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ed Royce**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447415**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Duckworth for Congress**

Mailing Address PO Box 59568

City Schaumburg	State IL	Zip Code 60159
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tammy Duckworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447409**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Dick Durbin**

Mailing Address 200 East Jefferson St.

City Falls Church	State VA	Zip Code 22046
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Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard J Durbin**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447418**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Dick Durbin**

Mailing Address 200 East Jefferson St.

City Falls Church	State VA	Zip Code 22046
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard J Durbin**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447419**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress**

Mailing Address P.O. Box 713

City Wheaton	State IL	Zip Code 60189
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Purpose of Disbursement  
Contribution

011

Candidate Name

**Peter J Roskam**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447414**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee 2014**

Mailing Address PO Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement  
Contribution

Candidate Name

**Mitch McConnell**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447420**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Blaine for Congress 2014**

Mailing Address 217 Third Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Blaine Luetkemeyer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MO District: 03

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447411**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte**

Mailing Address 499 S. Capitol St. SW Ste. 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Kelly Ayotte**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District:

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447417**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Allstate Insurance Company PAC**

Full Name (Last, First, Middle Initial)

**A. Jim Gerlach for Congress**

Mailing Address 499 S. Capitol St. SW Ste. 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jim Gerlach**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447410**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address PO Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447421**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Neugebauer Congressional Committee**

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Contribution

011

Candidate Name

**Randy R Neugebauer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : B447413**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Cmte.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2013

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

State: DC

District:

Transaction ID : B448296

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**B. Moore for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Gwendolynne Moore

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI

District: 04

Transaction ID : B447412

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

16000.00
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29500.00
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